

DEPARTMENT OF INSPECTIONS, LICENSES AND PERMITS 3430 COURT HOUSE DRIVE ELLCOTT CITY, MD 21043 PERMITS (410) 313-2455 INSPECTIONS (410) 313-1810 AUTOMATED INFORMATION (410) 310-3800	HOWARD COUNTY PERMIT APPLICATION	PERMIT NUMBER B0042912
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Building Address: **9636 LONG VIEW DRIVE, ELLICOTT CITY, MARYLAND 21042**

Suits/Apt. #: _____ SDP/WP/Petition #: _____

Census Tract: **102700** Subdivision: **VALLEY MEDE**

Section: _____ Area: _____ Lot: **14**

Tax Map: **1924** Parcel: **493** Grid: **3**

Zoning: **RAD** Map Coordinates: **1157** Lot size: **20,865 sq ft**

Property Owner's Name: **MARTIN & TARA GIRCH**

Address: **9636 LONG VIEW DRIVE**

City: **ELLCOTT CITY** State: **MD** Zip Code: **21042**

Home Phone: **(410) 461-6415** Work Phone: **(410) 357-1307**

Applicant's Name & Mailing Address, (if other than stated hereon): _____

Phone: _____ Fax: _____

Existing Use: **SINGLE FAMILY DWELLING**

Proposed Use: **SAME, WITH POOL**

Estimated Construction Cost: **29,900.00**

Description of Work: **REINFORCED CONCRETE ENGROUND POOL WITH DE, FILTER, POOL FILLED BY HOSE, WITH VACUUM BLOWER, 20' WIDE BY 40' LONG, 3' x 3' DEEP, NO DIVING BOARD, TOTAL S.F. = 804, 2 1/2' H.P. OF 4" HIGH FENCE TO CAFE.**

Contractor Company: **ANTHONY & SYLVAN POOLS, INC. AGENT A**

Contact Person: **GEORGE A. SCHWEICH - CONTRACTOR**

Address: **10840 GUILFORD ROAD, SUITE 407 ANNAPOLIS**

City: **ANNAPOLIS** State: **MD** Zip Code: **20701**

License No.: **19347** Phone: **(301) 490-1930** Fax: **(410) 792-2818**

Occupant or Tenant: **SAME AS OWNER**

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Engineer or Architect Company: **N/A**

Contact Person: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

BUILDING DESCRIPTION - COMMERCIAL

Building Characteristics	Utilities
Height: _____	Water Supply: <input type="checkbox"/> Public <input type="checkbox"/> Private
No. of stories: _____	Sewage Disposal: <input type="checkbox"/> Public <input type="checkbox"/> Private
Gross area, sq. ft. per floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Use group: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Construction type: _____	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
<input type="checkbox"/> Reinforced Concrete	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Propane Gas <input type="checkbox"/>
<input type="checkbox"/> Masonry	Sprinkler system: <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> Other Suppression <input type="checkbox"/>
<input type="checkbox"/> Wood Frame	# of Heads: _____
<input type="checkbox"/> State Certified Modular	

BUILDING DESCRIPTION - RESIDENTIAL

Building Characteristics	Utilities
SF Dwelling <input type="checkbox"/> SF Townhouse <input type="checkbox"/>	Water Supply: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
1st floor: _____	Sewage Disposal: <input checked="" type="checkbox"/> Public <input type="checkbox"/> Private
2nd floor: _____	Electric: Yes <input type="checkbox"/> No <input type="checkbox"/>
Basement: _____	Gas: Yes <input type="checkbox"/> No <input type="checkbox"/>
Finished Basement <input type="checkbox"/> Unfinished Basement <input type="checkbox"/>	Heating System: <input type="checkbox"/> Electric <input type="checkbox"/> Oil <input type="checkbox"/>
Crawl space <input type="checkbox"/> Slab on Grade <input type="checkbox"/>	<input type="checkbox"/> Natural Gas <input type="checkbox"/>
No. of Bedrooms: _____	<input type="checkbox"/> Propane Gas <input type="checkbox"/>
Multi-family dwellings: _____	Sprinkler system: <input type="checkbox"/> N/A <input type="checkbox"/>
No. of efficiency units: _____	<input type="checkbox"/> NFPA #13D
No. of 1 BR units: _____	<input type="checkbox"/> NFPA #13R
No. of 2 BR units: _____	<input type="checkbox"/> Other: _____
No. of 3 BR units: _____	
Other Structure: ENGROUND POOL	
Dimensions: 20' WIDE, 40' LONG	
Footings: _____	
Roof: _____	
<input type="checkbox"/> State Certified Modular	
<input type="checkbox"/> Manufactured Home	

THE UNDERSIGNED HEREBY CERTIFIES AND AGREES AS FOLLOWS: (1) THAT HE/SHE IS AUTHORIZED TO MAKE THIS APPLICATION; (2) THAT THE INFORMATION IS CORRECT; (3) THAT HE/SHE WILL COMPLY WITH ALL REGULATIONS OF HOWARD COUNTY WHICH ARE APPLICABLE THERETO; (4) THAT HE/SHE WILL PERFORM NO WORK ON THE ABOVE REFERENCED PROPERTY NOT SPECIFICALLY DESCRIBED IN THIS APPLICATION; (5) THAT HE/SHE GRANTS COUNTY OFFICIALS THE RIGHT TO ENTER UPON THIS PROPERTY FOR THE PURPOSE OF INSPECTING THE WORK PERMITTED AND POSTING NOTICES.

Applicant's Signature: George A. Schweich
 Title/Company: **AGENT FOR CONTRACTOR**

Print Name: GEORGE A. SCHWEICH
 Date: JULY 9, 2003

Checks payable to: **DIRECTOR OF FINANCE OF HOWARD COUNTY**
 ** PLEASE WRITE NEATLY AND LEGIBLY. **

FOR OFFICIAL USE ONLY

DATE	SIGNATURE APPROVAL	OFFENSE INFORMATION	PROPERTY ID
_____	_____	Front: _____	58836
_____	_____	Rear: _____	Permit fee: _____
_____	_____	Side: _____	Excise tax: _____
_____	_____	Side St: _____	Add'l per fee: _____
_____	_____	All minimum setbacks met? <input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL FEES: \$ _____
_____	_____	Is Entrance Permit required? <input type="checkbox"/> YES <input type="checkbox"/> NO	Submittal paid: \$ _____
_____	_____	Is a Drain? <input type="checkbox"/> YES <input type="checkbox"/> NO	Balance due: \$ _____
_____	_____	Lot Coverage for New Use Zone: _____	City: _____
_____	_____	SDP/Red line approval date: _____	Verified: _____

Construction Start: _____

Approved by: _____

Disturbance of Copies: White: Building Official Green: LDD, DPZ Yellow: DED, DPZ Pink: Health Gold: SHA

CR 2720/205